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Living on the Top of the World

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St. George's Mission, Cambridge Bay, Victoria Land

Victoria Land, a bleak island from whose shores Sir John Franklin looked to the westward and which proved the fatal obstacle to his conquest of the Northwest Passage, may well be described as being among the least known of all the inhabited arctic islands. The inhabited area (if it may so be called) is confined to the southern and western coasts, the interior being a veritable dark continent where, except for a short distance inland, no explorer has ever set foot.

Two white settlements, Walker Bay on the west coast and Cambridge Bay on the south-east, alone represent the advance of civilization, and it was not without some trepidation that I first saw the low rocky entrance to Cambridge Bay. After a journey of over three thousand miles from Guelph, Ontario, I had come by train to Waterways, then by plane to Coppermine, completing the trip by a voyage along the Arctic coast in the thirty-ton auxiliary schooner "Aklavik". It was evening as we sailed up the bay, and Mount Pelly, which for several hours had been looming larger and larger in the background, faded out in the descending gloom while the schooner came slowly up the uncharted waters to a safe anchorage.

A year has passed since those first impressions and the snow, with its attendant evil genius the blizzard, has come and gone, though the ice still lingers. As I write, it is the eighteenth day of July, but the Royal Canadian Mounted Police schooner "St. Roch" and the trading schooner "Nigalik" which have wintered here are still waiting for the ice to clear before they can get away. We have two months of combined spring, summer and fall—all the rest is winter. During the past few months, I have had time to look around me and to see something of this country of sparse population, no trees, nothing

but an expanse of loneliness, and to disagree with those who carelessly term it the "land that God forgot". True, the land is really desolate. Fish and game are scarce and only obtained after hard, hard, toil. But the indomitable fortitude of the Eskimo presents a magnificent example of human cheerfulness in adversity. I think it was Hugh Walpole who wrote: "It is not life that matters, but the courage that you bring to it". The Eskimos surely have need of the brave face that they turn towards life. Not only is there cold and famine to contend with, but disease as well, for that is one of the less desirable aspects of civilization that has come to them. Other features of Eskimo life may appeal more forcibly to the tourist or the non-professional resident but a nurse cannot help being impressed by this aspect.

In this connection, it should be born in mind that the Eskimos with whom the writer is concerned are those of the Coronation Gulf and Queen Maud Sea, more properly described as the Central Canadian Arctic, though often loosely classified with the Western Arctic. In the Western Arctic proper (Mackenzie Delta and the Eastern Arctic), disease is also a result of the contact of the Eskimo with civilization but in those areas well equipped hospitals and adequate staffs are available and do extensive work. At the time of writing (July, 1937) the central Arctic has neither doctors nor hospitals and the only medical work done among the people is by the missionary, whose equipment and medical knowledge are not adequate for extensive and serious work. No nurses are available except at Cambridge Bay where the writer and the wife of one of the fur traders not only represent the nursing profession, but, with another woman neighbour, are the most northern white women residents in the British Empire. It might be mentioned that any assistance we are able to and glad to render is entirely voluntary, though very limited medical and surgical supplies are provided to the mission, free of charge, by the government, for work among the Eskimo.

An Arctic wedding party

The disease most in evidence is tuberculosis, which is very prevalent. The birth rate among the Eskimo is not high, infant mortality is excessive, and the death rate among the adults is heavier than normal. It is to be hoped, however, that the Government will in the near future see its way to make available for these people some of the scientific knowledge, medical and nursing skill, which other parts of the Canadian Arctic already enjoy, and which in the rest of the Dominion is a part of everyday life.

The following question must have come to the mind of the reader: With the northward advance of civilization are there any major causes for the spread of disease which could be traced and eliminated by prompt application of preventive measures? Granted that contact with civilization is inevitable, these are among those causes and they are both numerous and far-reaching. There has

been a depletion of game, especially caribou, and consequently the adoption of different styles of clothing and the use of cloth instead of caribou skins. There has been a change of diet from an exclusive use of meat and fish, to a mixed diet of fish, meat and flour, often improperly cooked or used in unbalanced proportions in unaccustomed digestive systems. The excessive use of tobacco, and very excessive tea drinking are also contributory. In some, though not many cases, the change from the comparatively sanitary and dry snow-houses to the use of poorly constructed and constantly damp board shacks, has not been the most desirable innovation. The snow houses, while not so warm, are what the Eskimo are accustomed to, and are just cold enough inside to keep dry in winter. The Eskimos have not enough fuel to keep the board shacks sufficiently warm to prevent frost forming inside the walls. Yet they do warm up enough at times to turn the frost into vapour, with the result that walls, floor, and ceiling become unpleasantly moist. The Eskimos simply do not understand the danger from a health point of view. Fortunately, in the summer, they live in tents of canvas or caribou skin.

How does one pass the time in the arctic? It is surprising what a lot there is to do. Lack of modern conveniences make heavy tasks of what would, in more civilized surroundings be mere details. Bread has to be baked and all cooking is done by coal fire or primus stove. The water in the bay is salt, so fresh water is hauled by boat from a nearby creek in summer, and blocks of ice are brought in by dog-sled in the winter, and melted in a forty-five gallon barrel.

These husky sleigh dogs are so big and friendly, in spite of some writers of lurid fiction, who, knowing nothing about them, have given them a reputation for ferocity. We have a big lead-dog "Currie" who shakes a paw and is just the kindest fellow, although if he should ever meet a fiction writer who says he is savage I would not answer for the consequences. However, tourists never come here and missionaries, police and fur-traders compose the entire white population, and all think the husky dog their best friend.

A husky dogteam

In summer the sun goes around in a large circle above us, and although it is pleasantly warm, there is always a cold wind blowing off the huge ice blocks. There have only been two days when it was warm enough to leave off our furs when outside. When there is no wind the mosquitoes, which are very large, are here by the millions. The arctic flowers are out in full bloom and I never appreciated flowers so much before. They are very small and wild, and I think of every shade, except red.

It seems a long time since we have had mail. The annual boat can't arrive too soon. The supplies come up the Mackenzie River and sometimes in August or September the supply boat comes along the coast. Last year it was frozen

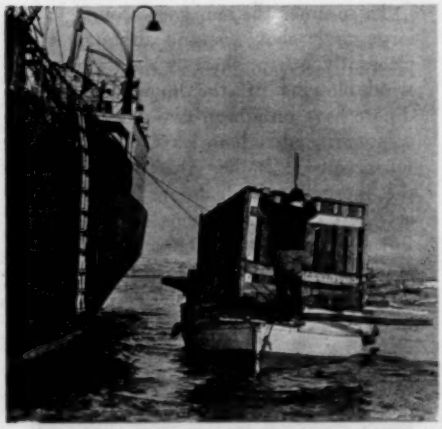
in again by the end of September. Everyone craves for something fresh at this time. We have been eating fish caught in a creek which runs into the Bay. Eggs are in powder form, and potatoes and vegetables are all dried except for a few in cans. The freight charges on anything heavy are enormous so this accounts for coal being called "black diamonds" up here. There isn't a scrap of wood in the country and we save the packing boxes each year for starting the fires.

As time goes on I appreciate my training in our good Guelph General Hospital more and more. I didn't realize at the time just how much it would soon mean to me. We are perfectly happy and our hardships seem light in comparison with what the Eskimos have to endure. The church services are well attended and they are very fond of music. We have a portable organ which is a wonderful instrument in their estimation.

After all, the Arctic has its compensations. Think how nice it is to be living on top of the world!

Arctic Journey

By way of amplifying Mrs. Rokeby-Thomas's vivid sketch of life in the Arctic, we are adding material gathered from other sources. First come the following excerpts from an excellent article by Mr. Thomas Wayling, entitled "Arctic Journey" which appeared originally in "The C-I-L Oval," the official magazine of the Canadian Industries Limited. Kind permission to reprint this material and to use the author's striking photographs was courteously given by the editor.



The "Nascopie" taking on a crated polar bear
Courtesy of "C.I.L." Oval"

Somewhere in the Arctic, crashing through the ice or dodging icebergs, the Royal Mail Steamship *Nascopie* is out on the north patrol. This curve-stemmed, round-bottomed sealer, owned and operated by the Company of Gentlemen Adventurers trading into Hudson's Bay, is carrying a varied passenger list—and a diverse cargo.

The passengers include missionaries, who convert and guide the Eskimo spiritually; the Royal Canadian Mounted Police, who guide and direct the Eskimo morally; and medical officers, who keep the Eskimo well physically. Then there is the cargo, which carries such diverse supplies as ammunition and haircombs, salt and toothbrushes, bacon and eggs and pots of strawberry jam, packets of tea and biscuits in boxes, sacks of sugar and cans of milk, drums of oil and gasoline, canoes and whale boats with sails, gramophone records and radio batteries, stacks of books and magazines to while away the long Arctic evenings; all stowed in the holds or piled on deck.

Eskimo longshoremen *Courtesy of "C.I.L." Oval*

The *Nascopie* sailed from Montreal in early July and she will call at the forty-five posts in the barren rock-strewn Arctic. Should she miss any of them by reason of ice or fog or storm, there will be short commons for a year. Seldom, however, does the little ice-breaker fail. A sea of ice may shut her off, for instance, from Cape Dorset but she doesn't turn back; her steel nose rams the ice and breaks a way through. If the ice is thick the rounded stem of the ship slides up and carries the keel itself on top of the ice. There is a breathless moment. The ship may keel over if the ice is too thick, or the old and sun-riddled ice may break under the weight of the ship, which smacks down to the sea again with a surging splash. When the ice fails to break, the specially built screw goes into reverse and draws the ship back; her armour-plated rudder is clamped fore and aft and becomes a shear to cut the ice behind.

The *Nascopie's* siren whoops into the vast stillness of the silent north as she approaches one of the far-scattered posts. She slows down while the leadsman calls out the depth. Then with a rush her anchor descends, splashes into the sea and disappears with fathom after fathom of steel anchor chain in chase.

When the anchor rattles down in the vicinity of a trading post or an R.C.M.P. station, kayaks, umiaks, whaleboats and motor boats converge from upshore and downshore. They have heard the ship's siren from afar, and the arrival of the *Nascopie* is one of the most important events of the year.

As they make the rocky shore the entire Eskimo population is there to assist in the unloading. There are no labour troubles in these Northern posts. Every Eskimo man, woman and child is a volunteer longshoreman—without pay. There are boxes of "Dominion" Ammunition for the R.C.M.P.; ammunition which may mean life or death for a "Mountie" on patrol. There is ammunition for the trading posts; ammunition for those Eskimos who can afford it. A good rifle and dependable ammunition mean safety, security, food and life itself to the Eskimo. No wonder, then, he is quite prepared to give the proceeds of many a long hunt and weeks of work to obtain these means of providing food and protection.

It is recorded that one Eskimo encampment ran short of food, and for three months found neither seal nor walrus, bird nor fish. They scraped the skin tents for particles of fat, and chewed their sealskin boots. The children got any spot of food that might be found until, at last, after an Eskimo had

"Pang", a husky pup

Courtesy of "C.I.L." Oval"

spent three days and three nights at a seal-hole, he got a seal and the danger of starvation passed.

Only for one month in the year is the inlet free of ice and a sharp watch is kept by the *Nascopie's* officers since the ice may close in without warning. Things happen swiftly in this land of ageless movement. A glacier may take eons to travel a few feet; but an Arctic storm may sweep down in as many minutes: so the unloading goes on all through the night. The day is long and almost meets the next day, reaching back into the middle of last night, and prolonged by the pale light which glimmers down from the ice.

Swinging south again, the *Nascopie* passes a bit of beach on the north end of Baffin Island where the sand is blood red—powdered garnet—ground out by the ice and washed up by the Arctic Sea.

Now and then a narwhal is sighted—the fat white whale whose single tusk projects forward half the length of its body. An Eskimo has gone out in his skin kayak and harpooned a narwhal but it was not a death wound and the fight is on. For hours the plucky little brown man fights but the big whale does not die; finally the R.C.M.P. officer put out from the ship with his rifle and ends the fight.

Further south again this northern freighter comes to Clyde River, a lonely little post where there is only one white man, the post manager for the Hudson's Bay Company. This is polar bear country and there are skins drying on every tupek and bear skulls lying about. The lower jaw of a polar bear makes a fine pen rack.

Maybe there are polar bears to be brought back from the Arctic for some zoo, and the cases containing them are handled with care, since it is dangerous to come within reach of a polar bear's jaw. The tip of his nose and his beady eyes are the only black spots breaking his shining whiteness and there is a legend that he puts his paw over his nose to hide it when stalking a seal. The polar bear is the only bear with fur on the bottom of his paws, forming a natural non-skid tread to keep him from sliding on the ice.

And so the *Nascopie* swings into Pangnirtung where there is a hospital maintained by the Anglican Chuch; then down again to Port Burwell to take on the furs she deposited there. From Burwell the last lap of her voyage takes her down to Halifax, her home port.

To provide the traditional happy ending to this story of adventure we now record the auspicious event which took place on board the *Nascopie* during the very voyage which Mr. Wayling describes so graphically. Miss Ella Wallace Jackson, a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and a member of the class of 1934, was married to Mr. Thomas Henry Manning, a British explorer and scientist. The Right Reverend Archibald Fleming, (better known throughout Canada as "Archibald of the Arctic") officiated at the marriage ceremony. Mr. John Buchan, son of the Governor General of Canada, acted as best man. The bride's wedding ring was hammered out of iron by the Chief Engineer of the *Nascopie!*

Caesarean Section

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It is the popular impression that the caesarean operation derived its name from Julius Caesar who is alleged to have been brought into the world in this manner. There is no evidence to support this story. The operation was in vogue long before he was born. It is also known that Julius Caesar's mother lived for many years after he was born. The name is derived from the Latin, *partus cesareus*, from *caedere*: to cut. There are references to caesarean operations in the folklore of early European races, and the evidence clearly points to the great antiquity of the procedure. Some of the historical facts connected with the development of the operation are rather interesting. The development may be divided into five periods:

1. Post-Mortem Law: From early times, the physician was commanded to remove the baby by means of an abdominal incision after the death of the mother. Such children or "cesones" as they were called, had separate burial. From the beginning of the sixteenth century, it was the custom to operate on the dead mother in the hope of delivering a living baby. There is some evidence that even as early as 1389 the operation was occasionally performed on the living patient and was sometimes successful in saving both the mother and child.

2. The year 1500 marks the first recorded evidence of Jakob Nufer, a Swiss swine gelder, who operated with success on his own wife after futile attempts to deliver by midwives and barber surgeons. Frau Nufer subsequently bore five more children. From the beginning of the seventeenth century, the operation gained in popularity as a last resort but the mortality was appallingly high, almost ninety percent. The Catholic Church favoured the operation because of the opportunity to baptise the baby. The first successful operation in America was performed by a Dr. Jesse Bennett of Virginia on his own wife because of contracted pelvis. She was given laudanum and held by two Negro women while the abdomen and uterus were opened by one stroke of the knife, the uterine wound closed by heavy twine, both ovaries removed and abdominal wound sutured. Both mother and child survived.

3. The year 1876 marks a signal advance by Poro of Pavia, who first conceived the radical idea of removing the uterus at the time of section.

4. In 1882, Sanger perfected the idea of suturing the uterus and with the advent of antisepsis and the perfection of technique, we have as a result the classical conservative section of to-day.

5. In 1907, Frank of Cologne devised an extra-peritoneal method of approach which led to the development by Beck and DeLee, on this continent, of the present-day low cervical section.

Today, we have four name types of sections performed, namely: (a) classical or high conservative section, (b) low cervical section, (c) Poro or caesarean hysterectomy, (d) extraperitoneal sections—very seldom done. Poro-sections are only done for certain special reasons, such as ruptured uterus or tumors and the sections that are commonly done today are usually either the so-called high or classical section and the low or cervical section.

A consideration of the maternal mortality from all types of caesarean sections makes one realize that the risk to the mother is considerably greater than vaginal deliveries. Skilful obstetricians are performing this operation with a maternal mortality of less than two percent, but in the hands of the general profession, the mortality ranges from five to ten percent and in some areas is known to reach twenty-five percent. To account for the discrepancy in the results of the trained obstetrician and the general surgeon, it is not enough to look to the technique of the operation; if this were all, there would be a greater approachment in the results. We are to look to the indications for the operation and to the conditions which should contradict it. A woman who is in fatigue from long labour, who has had many vaginal examinations, who is running a temperature above normal, or upon whom attempts have been made to deliver the baby by other means, such as the application of forceps or version, is no fit subject to undergo a caesarean operation. To perform the operation under such conditions, adds measurably to the risk to the mother's life. With insufficient training and practice in obstetrics, the doctor does not develop an obstetrical conscience and without proper obstetrical conscience or judgment, he is a menace to the expectant mother.

The list of so-called indications which have been used as reasons for the operation, is such a long one that competent obstetricians feel humiliated and of late years, authorities are continually trying to teach and emphasize that the proper indications for section fall under comparatively few headings. The attitude today should be that the indications for section can be listed under less than five or six main headings. For this, it is convenient to divide our indications under major and minor groups with reference to their frequency of occurrence.

Major Indications:

Disproportion: cases of either absolute or relative disproportion should comprise more than half of the indications in any series.

Previous section: "once a section, always a section," is a dictum which in most instances is a safe clinical rule.

Placenta praevia: a central placenta praevia is always best treated by section and in some situations, the lesser degree of praevia as well.

Accidental hemorrhage: a few of the most severe types of such cases are best treated by section which is frequently of Poro type.

Fibroid and ovarian tumours and malignant disease of ovary and osseous deformities and tumours are sometimes definite indications for section.

Minor Indications:

Toxemia: occasionally the acute fulminating pre-eclamptic type of patient, showing no improvement under treatment, is a candidate for section.

Heart disease: some specially selected cases of this type are best treated by section and sterilization at the same time.

Other occasional indications for section might be mentioned, such as prolapsed cord, breech in elderly primipara, habitual death-in-utero, as being sufficient reason for section, but for the most part, we should restrict our reasons for section to the comparatively few major indications.

If the operation is one of election, you are all familiar with the usual pre-operative preparations which are similar to the preparation for any laparotomy, except that the cleansing enema is usually given the morning of operation and not the night before, and catheterization of the bladder is performed just prior to starting the operation. Pre-operative sedative is usually limited to some mild sedative such as heroin gr. 1/12 about

forty-five minutes prior to operation. If the operation is not of election, but follows the so-called test of labour which is often carried out in the border line cases of disproportion, it is in these cases that proper medical and nursing care is most important. A properly conducted test of labour should mean that the patient is not subjected to needless vaginal examinations by her doctor. Accurate record is kept of her pulse and temperature and the patient encouraged by well-timed expressions of a cheerful and interested nurse. Her anxiety and pain is allayed by the judicious administration of sedatives and she is not allowed to become at any time dehydrated or exhausted by failure to supply fluids in the form of water and fruit juices. Attention to such details and the help of a kind and tactful nurse will keep the patient a good risk for section even at the end of a rather strenuous twenty-four hour test of labour. Where such tests of labour are carried out, (and they are frequently necessary), an efficient obstetrical nursing service, understanding the problem, is an inestimable boon to the obstetrician and of prime importance in the proper conduct and decision of such a case.

One can consider the nursing care following operation under two headings, (1) immediate care of the post-partum patient, (2) general post-operative care. The care of a patient immediately following delivery, is most important with regard to observation and prevention of post-partum hemorrhage, and the safeguarding of her recovery from the anaesthetic. This is equally true following either vaginal delivery or caesarean section. Here again, the trained obstetrical nursing service is of great safety to the patient and comfort to the obstetrician who knows that on such a service his patient will really receive proper supervision. Following her anaesthetic, no patient should ever be left alone for one second, until her breathing is regular and clear, her colour and pulse good, all vomiting ceased and the patient showing definite signs of consciousness. If any of these observations are not satisfactory, the nurse should summon assistance at once. No patient should ever be left by her obstetrician unless he is satisfied that the placenta is complete, and the uterus of good tone, and no unusual vaginal bleeding going on. Most patients usually receive hypodermic injections of pituitrin and ergometrine to stimulate and keep up proper tone, and for the first two hours following operation or delivery, most careful observation should be kept by the nurse of the colour and the pulse of the patient, the tone and position of the fundus and the amount of vaginal bleeding. If any of these observations are not normal, she should send for help and have the patient at once given pituitrin and ergometrine by hypodermic. The fundus should be massaged, the foot of the bed elevated and material for intravenous gotten ready. These precautions should be taken even before medical aid reaches the patient. Such efficient immediate care of the post-partum case should be thoroughly understood by the obstetrical nursing staff and if carried out at once, may well be life-saving. To put it simply, the proper recovery from anaesthesia and the prevention of undue loss of blood following delivery, are the two immediate essential cares of the nursing and medical service. In this connection, the medical staff should impress on the house staff that calls to an obstetrical floor are usually emergent and require prompt attention.

The general care of the patient following caesarean section is practically the same as following any laparatomy. Most patients are given sufficient sedation of either morphine or codeine at

intervals to relieve discomfort and promote rest. Careful attention that the patient either voids or is catheterized every eight to ten hours is given, to avoid discomfort and the occurrence of bladder retention with cystitis. Her fluid intake is kept up to 80-100 oz. each 24 hours, either by intake of fluids to drink or by intravenous, if necessary. No drastic purgation is necessary, and ordinary discomfort from intestinal cramps and slight distension is usually relieved by enemata on the second or third day. Indiscriminate and frequent use of enemata is discouraged and in fact is definitely contra-indicated where the patient is markedly distended, vomiting, and running an elevated temperature with the usual signs of some degree of peritonitis. Most of our patients, following section, are in bed for ten to twelve days, and as far as being able to nurse the baby, it would appear that probably less than the average of 50% of the patients are able to do so. Why the percentage of nursing mothers today is not greater, constitutes a problem of which I do not know the answer, but it is likely just another penalty incurred by our modern methods of living and our so-called civilization.

In conclusion, one must take some definite stand with regard to the operation of caesarean section and its proper role in obstetrical practice. In skilled hands, and with definite indications, the operation is indispensable to the welfare of the mother and child. It has done away with the mutilating operations of the pre-antiseptic days, and has been a means of saving countless lives. One condemns the abuse, not the use of the procedure. But because it is not without its danger and its discomforts, the operation should be resorted to only when it promises to be the safest procedure for the mother and child.

LONDON AT PRAYER

During the tense days of the last week in September, the people of London knew that they stood in the Valley of the Shadow of Death. Miss Elizabeth Montizambert, London correspondent of *The Montreal Gazette*, gives this vivid picture of London at prayer:

The Dean of Westminster with an innate sense of people's needs, kept the Abbey open day and night. Hour by hour the footsteps echoed round the tomb of the Unknown Warrior, as people of all ages, occupations and ranks paused to pray for peace in our time. Now and then they turn their eyes to the black marble slab and read those words that now seem doubly poignant:

Thus are commemorated the many multitudes who during the Great War of 1914-1918 gave the most that man can give: Life Itself, for God, for King and Country, for loved ones, Home and Empire, for the sacred Cause of Justice and the Freedom of the World. *They buried him among the kings because he had done good toward God and toward His House.*

In the evening the scene in the Abbey takes on a tender intimacy; the light from chandeliers high in the roof seems lost among the forest of pillars, while the glow of the two tall candles on the Warrior's Tomb falls on the bunch of roses laid at the foot of the slab. I have seen the Abbey filled with pageantry for three Royal weddings and a Coronation, but never at the moment of grandest ceremonial have its great spaces meant so much to the worshippers within the walls.

Armistice Day

Early on the morning of November 11 hundreds of people proceeded to Parliament Hill, in Ottawa, in order to attend the annual ceremony which marks Armistice Day. Among the throng were a number of women, a few in uniform, who pursued their way past the Peace Tower to the Cenotaph at the western entrance of the House of Commons. Within were gathered representatives of the Canadian Nurses Association, the Overseas Sisters Association of Canada, and its local units. Others represented the Women of the Canadian Legion, Ottawa branch; the student nurses from the local hospitals; hospital staff members, private duty nurses and others again from the various public health agencies in the area. All these were there to attend the brief ceremony held yearly before the Nurses Memorial. At the appointed time, preceded by an escort and led by Miss Gertrude Garvin and Miss Blanche Anderson representing the national organizations, the procession wended its way to the Hall of Fame, pausing at the entrance to collect the floral tributes to be placed at the base of the Memorial.

As the nurses formed a semi-circle and stood quietly in their places, the Reverend A. B. Menzies, M.C. offered a prayer and the following address was then given by the Reverend Alexander Ferguson who was formerly attached to the Scottish 51st Division and was later chaplain to the Argyle and Sutherland Highlanders:

Incredible as it seems to many of us, it is twenty years ago today since the Great War came to an end. Through the passing of time, memories have become dull and faint. Those most immediately affected by the War are gradually slipping away. A new generation has arisen that knows nothing of the amazing thankfulness and relief experienced on Armistice Day in 1918. There are some who even suggest that this annual observance should now be discontinued. But it is most fitting, and always will be, that on such a day as this we should renew a vow of mindfulness to the Fallen. For us who loved them, the memory of their courage, their loyalty, their giving of themselves will never die! *"These poured out the red sweet wine of youth, gave up the years of work and joy,"* and we can never forget the imperishable glory of their sacrifice.

Throughout this land, from coast to coast, War Memorials have been raised. We are standing now before one of the noblest of them. It is a true instinct that has led to the erection of such memorials. For while memory is fleeting, a memorial is lasting. It stands as a continual reminder, and ensures that these great happenings will never pass out of knowledge. Is it not right that future generations should be kept in remembrance that at a time of great danger when the very existence of our Empire was threatened, a vast number of men and women went forth at the call of duty, and that those whose names appear upon these memorials did not return, but with millions of others gave up their lives in the great cause?

As the years go on, we who took part in the fighting and the hardship and the grief of these years will pass away. But it is our desire that the bravery and the self-sacrifice of our fallen comrades shall never be forgotten. So their memory has been fixed in stone that we and those who shall come after us may always remember them gratefully, and be inspired to fashion a world of such a kind that their sacrifice will not have been made in vain!

Following the Benediction, there came a brief pause while the nurses looked once more at the Memorial surrounded by autumn flowers and poppies and to the right and left, the baskets of chrysanthemums deposited by the Na-

tional organizations. The procession then followed the escort to the place reserved facing the Cenotaph.

The ceremony followed the usual ritual and was the more impressive because of the recent threat to the peace of the nations. The Governor General of Canada reverently placed the first wreath upon the Cenotaph followed by Mrs. Catherine Lewis, representing the motherhood of Canada bereaved by the war. Next in order came the Prime Minister and after him many other representative persons. The sounding of the Last Post and of the Reveillé was as always, most impressive.

At the conclusion of the ceremony, representatives of the various nursing units returned to the Nurses Memorial in the Hall of Fame and remained standing until the vice-regal party reentered the building. With due solemnity the Guard of Honour approached, followed by His Excellency the Governor General, and The Lady Tweedsmuir. In the procession were the Prime Minister and other high officials. In token of reverence, a brief pause was made before the Memorial. Then the Ceremony was over and the nurses departed.

The Canadian Nurses Association was represented by Miss Gertrude Garvin, and by Miss Grace Tanner, chairman of District 8, Registered Nurses Association of Ontario. The Overseas Nurses Association was represented by Miss Blanche Anderson. The Women of the Legion chose as their representatives Miss M. Clarke and Mrs. E. M. Phillips; the Ottawa Unit was represented by Mrs. W. L. MacDermott and Miss E. L. Smellie.

Joint arrangements for this annual ceremony before the Nurses Memorial are made possible through the courteous co-operation of the Ottawa Branch of the Canadian Legion, notably Major Gregg, V. C. (Sergeant-at-Arms) and the President.

E. L. S.

OBITUARIES

MARTHA BAINE, bec, a graduate of the School of Nursing of Jeffery Hale's Hospital, Quebec, died on October 17, 1938. She was a member of the Class of 1926.

MARTHA FRASER, a valued member and former treasurer of the Saint John Chapter of the New Brunswick Association of Registered Nurses, died suddenly on September 11, 1938. Miss Fraser received her professional training in Cambridge, Mass. and for many years was in charge of the Nurses Registry in Saint John. Her death is deeply regretted and she will be greatly missed.

CONSTANCE C. MCKINNEY died in Saint John, New Brunswick, on September 10, 1938. She was a valued member of the nursing staff of the Provincial Hospital and her death is deeply regretted by her family and friends. She obtained her professional training at the School of Nursing of the Children's Memorial Hospital, Montreal.

THE EDITOR'S DESK

Christmas Candles!

In honour of Christmas, the *Journal* has lighted the nine candles which blaze merrily away, this month, on its front cover. Why should there be nine of them? Because there must be one for each of the Provincial Associations of Registered Nurses which together constitute the Canadian Nurses Association. Why place them in a branched candelabrum instead of ranging them separately in proud isolation? Because, burning together, they blend into the clear and steadfast flame of the Lamp, in the light of which we keep our vigil.

"Is Something Burning?"

In November, under the caption of The Student Nurses Page, an article appeared entitled "Is something burning?" written by two student nurses from the School of Nursing of the Montreal General Hospital. This described an experiment in the sterilization of surgical dressings as carried out in a private home. A few days after the *Journal* appeared, Miss Esther E. Lewis received the following letter from Miss Marie L. Johnson, Reg. N., Assistant Director of the Nursing Bureau of the Metropolitan Life Insurance Company, New York City:

I cannot resist writing you to let you know how much interest was aroused by your students' article, "Is Something Burning?" in the November issue of *The Canadian Nurse*. Your experiment answers questions we are constantly receiving as to the adequacies of our procedures so that it is of great help to all of us to have studies of that type made. You are indeed to be congratulated on your student programme. I think too that Miss Coulter and Miss Ellis have done very well in writing an article as "meaty" as this one in so concise a manner.

It was not easy to persuade Miss Lewis to let us publish this letter but we finally convinced her that commendation from such an authoritative source might encourage other student groups to undertake controlled experimentation along similar lines. Perhaps if we made open confession, we should also have to admit that it is heartening to know that our colleagues on the other side of the border find *The Canadian Nurse* worth reading.

Reader's Guide

Our readers will find the article on "Caesarean Section" which appears in this issue both interesting and informative. The *Journal* is deeply indebted to its author, Dr. D. M. Low, who is a recognized authority in this particular field. ∆ At the time that "Living on the Top of the World" was written, Mrs. Rokeby-Thomas was one of the "farthest north" women residents of the British Empire. She is a graduate of the School of Nursing of the Guelph General Hospital. ∆ From time to time there comes to the editor's desk a publication called "The C.I.L. Oval". This is the magazine published by the Canadian Industries Limited, a great business firm which deals in products as widely different as Cellophane and salt, spot-resisting materials for uniforms, and high explosives. The moment "C.I.L. Oval" arrives we drop everything and gaze with a covetous eye upon the gorgeous illustrations which adorn its pages. One day we summoned up our courage and asked permission to borrow some of them. That is why we are able to tell you about the voyage of "The Nascopie"—and the iron wedding ring!

Personality Development of the Preschool Child

ARTHUR M. GEE, M.D.
Psychiatrist, Provincial Mental Hospital, Essondale, B. C.

At no period of life is the scope of promoting mental health greater than during the preschool period. Yet, important as this stage of personality development is, it receives less attention than any of the later developmental stages because there is no organized supervision during the child's life before he enters school. The work of mental hygiene leads us into the home, the school, and into industry. It studies men and women, boys and girls, in their natural surroundings and in their everyday life. We are, then, dependent more and more upon the assistance and the keen powers of observation, of the social service worker. the various agencies, and the public health nurse.

Mental health may be defined as follows: "The adjustment of individuals to the world and to each other with a maximum of effectiveness and happiness. It is the ability to maintain an even temper, an alert intelligence, socially considerate behaviour, and a happy disposition." As long as we can adjust ourselves to our everyday life situations we may be regarded as normal. In other words the proof of the pudding is in the eating.

Our present day conception of psychiatry and mental hygiene is based on what is known as psychobiology — a formidable word but simple in meaning — a combination of the words psychology and biology. Psychobiology treats human beings as individuals or personalities made up of an inseparable body and mind, and, in examining an individual as a psychiatric problem, it is therefore essential that the whole individual be studied. The mental development of the child is so closely tied up with his physical development, his home, his parents, brothers and sisters, and all that goes to make up his environment that all these factors play a definite part in forming and moulding him. The end result we express in the word "personality".

We know that the basic fundamentals from which personality is derived are laid down in early childhood. Probably at no other period of life does the individual develop and learn so rapidly as during the first five years of childhood. Doting parents are amazed and bewildered at the rapid progress the infant makes in physical and mental development, in comprehension, in the unfolding of personality, and in the ability to do things that attract his attention and interest. It is imperative therefore that these years be consciously utilized for developing physical and emotional habits which will be useful and constructive and which will not handicap and constrict the proper evolution of personality. Because so few parents realize the value of health training during these impressionable years, or have the necessary knowledge, it is especially important that those organized community activities which reach the preschool child and his parents shall give equal consideration to the hygiene of mental and emotional development as well as the physical.

Personality is the result of that which we have been born with and that which we have lived through. Our personalities are continually changing and we continually add to them as a result of every life experience. But by the time we reach mature adult life our patterns of reaction are fairly well fixed and less flexible. It is during these early years

of life that the pattern is cut to which our later lives will conform. Let us then consider these early formative years and see how personality is derived and how we make use of this knowledge in our clinical investigation and therapy.

Personality is derived from five basic elements — the basis for the first four being inherited while the fifth is acquired.

1. *Physique*: We look upon physique as being a basic inherited quality inasmuch as we inherit a definite physical type of body. It has been definitely established that certain physical types of body are associated with certain personality types, again demonstrating the close association to the physical and mental aspects of life. We also inherit a varying susceptibility or resistance to certain diseases.

In an analysis of a group of problem children, physical defects rank high as causative factors. Thus Johnny's truancy from school, and subsequent running away from home, may be due to any one of a number of physical causes such as partial deafness, defective vision or poor nutrition. These handicaps are barriers to successful school work, and ultimately create an intolerable situation from which the only means of escape is running away. The same escape mechanism works in the adult in the production of functional mental disorders; they are regarded as a means of escape. The alcoholic drinks to give himself a lift over the hard places of life. Normal people have other means of escape, by means of literature, music, the theatre, club activities, hobbies and so on. Johnny's only method of escape is to run away.

Our business is to find the reasons behind these conduct disorders and remove them where possible. In the personality development of the pre-school child, the first requisite therefore is a healthy properly functioning physique. Therefore, in our Child Guidance Clinic, our first investigation is physical, and therapy is first directed towards remedying physical defects.

2. *Intelligence*: The second basic element in personality formation is intelligence. This again is an inherited quality. We are born with certain definite pre-determined potentialities for mental development. Our next study of the patient is therefore a psychometric examination, in other words a scientific evaluation of the individual's intellectual equipment. Obviously a fourteen-year-old child with a ten-year-old mind is going to present real problems in school. These problems may simply be repeated failures or they may be of a delinquent nature, bringing the boy before the Juvenile Court. Punishment of an offender of this type has little or no effect. Removal of his intolerable school situation, and the direction of his interests along mechanical or other lines adapted to his mental ability will, in all probability, solve his problems and make him a useful citizen.

3. *Emotion*: The third basic inherited element entering into personality formation is emotion. A sound body and a good intelligence are important requisites of a normal healthy happy individual. Of equal importance is a healthy and mature emotional life. The strong emotional response of adults to the beguiling appeal of infants and young children tends to make it extremely difficult for them to regard this important period in the developing personality of the child with due seriousness. A child's emotional growth in some ways parallels his physical growth. Infancy is a state of complete physical and emotional dependence upon the mother. As the child grows older he develops from the infant in arms to the toddler, the sturdy school boy, the venturesome youth, and finally the independence of man, to whom home and mother are only an oc-

casional refuge. Similarly the child must progress through the various stages of emotional growth and maturity to emotional security and independence. The success with which this kind of weaning is achieved is to a large extent a measure of sound emotional maturity. Too frequently the mother dislikes to see her child becoming emotionally independent of her and hinders his proper development by hindering his emotional independence. Fortunate is the child who is succeeded by a younger brother or sister so that his mother may still have a babe in arms while he begins to develop his own resources. The proper emotional development and maturity is an essential factor in personality formation and particularly so during the preschool period of life.

4. *Instinct*: The fourth basic element of personality is instinct. Instinct is unlearned behaviour. It is knowledge that we are born with. Animals are superior to us inasmuch as they have better developed instincts and are able to live a life of instinct. But we are far superior to them because we have a mind and intelligence to govern our actions. It is unfortunate, however, when a human being has not the mental equipment to control his natural instinctive urges. This usually accounts for those cases which are brought to us on account of sex misdemeanours.

These first four factors, from which personality is developed, are inherited qualities. It is within our power to mould them, and they are greatly influenced in the early pre-school personality formation but nevertheless these basic qualities are inherited. The fifth and possibly most important personality factor is not inherited but acquired, namely habit.

5. *Habit*: We are born without habits and we spend the greater part of our lives acquiring habits, good or bad. The baby spends his first years learning habits of nursing, habits of eating, habits of hygiene, walking and talking. Slowly the personality begins to unfold as the child begins to feel his security and realizes he is an individual within the family constellation. With increasing emotional maturity, he is gradually weaned away from his complete physical and emotional dependence upon his mother. The day comes when he must step out from his home and its security to enter a new world at school, where he is thrown more or less on his own resources. Here he learns new habit patterns. The foundation that he has received during his preschool life will to a great extent form the pattern to which his later life will conform. The problem of personality formation and character building is not a matter of specific teaching but of offering children at each level of their development appropriate opportunity for learning, through direct participation and experience. Parents cannot hope to live one way and instruct their children in another. Children, in their personality formation, will reflect their home and their parents in spite of every effort to teach them better. As soon as a child is born, the home itself begins creating in him a spiritual climate, teaching him basic reactions to life which will late govern his conduct.

In our Clinic last year a total of 574 children were presented for guidance. Their various problems might be grouped under four headings:

1. *Home difficulties*: temper tantrums, erratic behaviour, nervousness, tics and mannerisms, disobedience, lying, incorrigibility, seclusiveness, enuresis, etc.

2. *School difficulties*: truancy, misconduct, retardation, reading disability, speech disorders, etc.

3. *Social difficulties*: stealing, breaking and entering, running away, anti-

social behaviour, sex offences, etc.

4. *Physical and mental disorders*: chorea, epilepsy, head injury, mental disease, etc.

We wish our children to be sane, and we wish them to be civilized. Mental health should be the ultimate goal of all civilization whether it be applied to individuals, communities or nations. Mental health applied to nations would preclude the possibilities of war and strife. Applied to individuals, it promotes health and happiness—and the most important part of life, in so far as mental health is concerned, is the preschool period.

INTERESTING APPOINTMENTS

Margaret Stewart Fraser has been appointed to succeed Miss F. Munroe as superintendent of nurses and principal of the School of Nursing in the Royal Alexandra Hospital, Edmonton, Alberta. Miss Fraser is herself a graduate of the School of which she is now the principal and brings to her new duties a sound academic preparation as well as a rich professional experience. She holds the degree of Bachelor of Science in Nursing conferred by Columbia University and, in addition, the Teacher's Certificate granted by Teachers College. Successively, Miss Fraser has rendered excellent service as instructor in theory in the Schools of Nursing associated with the Vancouver General Hospital, the Winnipeg General Hospital, and the Hartford Hospital, Hartford, Connecticut. In 1934 she returned to her own Hospital in the capacity of instructor and in 1937 became assistant superintendent of nurses. Her recent promotion is the logical outcome of this fine record of achievement. Miss Fraser has always been interested in the work of nursing organizations. She has served as president of her own Alumnae Association and at present is second vice-president of the Alberta Association of Registered Nurses.

Miss Fraser's first assistant will be Miss Gertrude Allyn, (R.A.H., 1927) who recently took post-graduate work at the Royal Victoria Montreal Maternity Hospital. Miss L. Einarson, (R.A.H., 1937), who recently completed her course at McGill University School of Nursing, will act as instructor in the principles and practice of nursing.

The School of Nursing of the Royal Alexandra Hospital has always enjoyed an excellent reputation and further progress may confidently be expected. Miss Fraser's steadfast and well poised personality will go far towards ensuring her success.

Margaret S. Fraser

AN IMPORTANT STEP

The Department of Health of the City of London, Ontario, has recently reorganized its public health nursing service. Formerly administered on specialized lines, it now affords a generalized service. Miss Cora M. Taylor, who has recently been appointed as director, is a graduate of the School of Nursing of the Hamilton General Hospital and has also taken the course in Public Health Nursing offered by the School of Nursing of the University of Toronto. She brings to her new duties the personal qualities, as well as the professional preparation and experience, which will go far toward assuring her success.

In commenting upon her appointment the Medical Officer of Health, Dr. C. A. Harris, writes as follows:

The appointment of a Director of Nursing Services in our Department was made necessary by a change in the service from a specialized service to a generalized service, dividing the city into nine districts. The change of service did not include the School Nursing Service under Dr. Wilkie. We hope that some time, in the not too distant future, this can be accomplished.

By reason of the very generous arrangement with the Provincial Department of Health we had with us Miss Pennock from June until October. In that time our plan of procedure was fairly well established but there still remain many details to be worked out.

Miss Cora M. Taylor, who was Assistant Director in the City of Hamilton, has had many years of experience in all the departments of a generalized nursing service. She has an intimate knowledge of the detail of the different phases of health nursing as well as being an untiring and conscientious worker for the good of the department. Her staff consists of ten nurses and one physiotherapist. If she had the school nursing service there would be sixteen nurses, dividing the city in fifteen districts instead of nine, which would be more desirable as the division into nine districts make them pretty heavy.

We feel that we have made no mistake in the change of service and also that we have made no mistake in the choice of Miss Taylor as Director of the Service.

ONE OF OUR INTERNATIONALS

Miss Maisie K. Miller, one of "Canada's Internationals" has recently been appointed assistant to the superintendent of nurses of the Victoria General Hospital, Halifax, Nova Scotia. In 1937 Miss Miller was given the scholarship awarded annually by the Canadian Nurses Association, which enables the holder to take the courses offered in London under the auspices of the Florence Nightingale International Foundation. It is very satisfactory to note that she will be able to use the knowledge and experience thus gained for the benefit of one of the largest schools of nursing in the Maritimes.

THE R. N. A. O. BLOSSOMS OUT!

By courtesy of Miss C. E. Brewster, president of the Registered Nurses Association of Ontario, we have the pleasure of announcing that the headquarters of the Association are now established in an appropriate setting. We take this opportunity of congratulating the Association at large, and particularly its executive-secretary, Miss Matilda E. Fitzgerald. Through the years, Miss Fitzgerald has carried on her duties with quiet competence even under the handicap of a crowded and unsuitable working environment. Nevertheless, at every meeting of the Association all her material was produced with as cool an efficiency as though it had been prepared in a spacious office, equipped with all the latest gadgets. It must indeed be a great satisfaction to her to realize that the new office has been made possible largely as the result of her own self-sacrificing and effective work on behalf of the Association.

Here is the official announcement:

The members of the Registered Nurses Association of Ontario will be interested to learn of the acquisition of office quarters of "our very own". With finances "out of the red", it has been made possible to assume the rental of office space in room 765 of the Physicians & Surgeons Building, 86 Bloor Street West, Toronto, available December 1, 1938.

This location would appear to be particularly suitable, in that it is centrally located and readily accessible from every part of the city of Toronto. Moreover, it is in the same building as the Central Registry for Graduate Nurses, and within walking distance of the office of the Director of Nurse Registration at the Parliament Buildings.

It is hoped that individual members will take full advantage of this accommodation to seek information concerning any question pertaining to the Registered Nurses Association of Ontario.

THE SMOKE STILL RISES!

I happen to be an old fossil who uses neither "likker nor terbacker", but perhaps I may be allowed to comment briefly upon the enlightening contribution made by Miss Bridges to the discussion on nurses and smoking. I too would ask for a saving grace! Gelett Burgess, in a recent article, has put the whole case far better than I can. So I quote freely:

Women don't know HOW *to smoke.* They're not even amateurs, bless them, they're comedians. To a woman a cigarette is something to be waved in the air like a flag. Her whole technique is mechanical and self-conscious. The act of lighting a cigarette, usually brings out a daring long-repressed desire on a woman's face. Her expression says as plainly as words, "Look at me! I'm free now to do as I please. And I please to do as men do".

Women don't know WHY *they smoke.* Men spoke simply because they enjoy it. Most women smoke because men do and it's the vogue. Smoking with most women is still a symbolic act of emancipation and not a genuine satisfaction in itself. And it can't be denied that, artificial as it is, it has

done women some good. It has broken up inhibitions and kept many an innocent spinster from appearing old and stiff and cheerless. It is a good diversion for women's overflow of nervous energy; it puts them more at ease and gives them something to do in company besides talk.

Women don't know WHERE *to smoke.* Women nowadays smoke everywhere, in elevators, in sickrooms and hospitals, department stores, college classes and lecture halls, at weddings, and, for all I know, at funerals. I have no doubt that if not forcibly prevented, they would smoke in powder magazines. As a rule gentlemen don't inflict the odour of tobacco where it is objectionable. They are bred to ask whether anyone, and especially a lady, is displeased or made uncomfortable, before they light up. But I ask you: who has ever heard a woman ask for permission of her hostess, her guest, or even of her seniors or social superiors? Women, in fact, have brushed aside all traditions of courtesy and consideration when they smoke.

Many women have told me, in New York, in London and Paris, that it isn't the men they fear to invite to their homes half so much as the women, and especially the headstrong unbridled girls of to-day. It's a lucky hostess, who, despite the most generous distribution of ash-trays, doesn't find when her young guests are gone, an ugly patch of blistered varnish on the polished top of her beautiful piano or a burned hole in her priceless Spanish lace tablecloth.

Women don't know WHEN *to smoke.* One frequently sees dear old ladies sit down in a restaurant and ostentatiously light cigarettes before ordering food. And who hasn't seen girls eating with a fork in one hand and a cigarette in the other? Most men, even when heavy smokers, care too much for their dinners to smoke until after eating, when tobacco tastes best. But for women the important thing at table is to have some one see them lighting and brandishing a cigarette.

The orgy will probably continue until they all have black teeth and yellow fingers and no lungs to speak of. Our women may become able aviators, policemen, or deep-sea divers. They may learn to chew navy plug and swallow swords. But no matter how pretty a damsel may be, there are two things she attempts in emulation of men, which always make her seem to me ridiculous. One is wearing trousers, and the other is—smoking.

To all of which I say Amen!

M.I.

WANTED

A qualified Instructress of Nurses for the School of Nursing of the Glace Bay General Hospital, Glace Bay, N. S. Please state qualifications, experience, and salary expected. Applications will be received until December 15 and should be addressed to Miss R. S. McDonald, Superintendent.

HARDY PIONEERS

What is more interesting in nursing than working among hardy pioneers who live in cabin homes built in sparsely settled areas; wresting a living by the sweat of their brow, working from morn till sunset and paving the way for future generations by clearing land and tilling the soil. Such were my thoughts one morning recently as I wended my way, kit in hand, to one of those pioneer dwellings.

I had been called to visit a woman suffering from a severe headache, and I found her complaining of pains in her back, impaired vision and vertigo. As she was five months pregnant, all symptoms indicated a case of threatening eclampsia. I hastily telephoned a doctor and told him my story. He advised her removal to hospital. I carried out his orders and the patient, after receiving proper care and treatment, recovered. But what would have happened if she had remained at home without medical attention?

Another recent experience was a hurried call to a colony twelve miles distant, the only available means of transportation being a truck wagon. No other kind of vehicle could possibly get by on that road. After three hours of being jolted about, I arrived just in time to deliver my patient of an eight-pound baby girl. After remaining with her for a while and making her comfortable I made several other visits, instructing prospective mothers in pre-natal care. Then I went back to my home.

These are only two of many experiences, but I feel amply rewarded when I see those poor people, who manage to make a living under hard circumstances, say with a smiling countenance, "Thank you, nurse, and God bless you".

Margaret A. Branch,
South Bathurst, N.B.

A STIMULATING EVENT

A very successful Refresher Course was held recently under the auspices of the Public Health Nursing Service of the New Brunswick Department of Health. Among those participating in the programme were Dr. P. H. Laporte, Minister of Health and Labour; Dr. W. Warwick, Chief Medical Officer; Dr. R. A. H. Mackeen, Provincial Pathologist; and Dr. R. J. Collins, Superintendent Saint John County Tuberculosis Sanatorium. The visiting lecturers were Miss Mary Mathewson, associate director, School of Nursing, McGill University; Miss Marion Harlow, nutritionist for the Montreal Branch of the Victorian Order of Nurses, and Miss Winnifred Dawson, eastern supervisor of the Victorian Order of Nurses. One of the most stimulating features of the programme was a playlet, "The Home Visit of the Tuberculosis Public Health Nurse". This was directed by Miss Ellen Melrose, one of the local nurses who is active in the Theatre Guild. Two of the parts were taken by members of the Saint John Branch of the Victorian Order Nurses, Miss Hilda Morrill and Miss Edna Henderson. This playlet was originally seen at the Canadian Public Health Association in Toronto in 1935 and was secured from the Ontario Public Health Nursing Service.

The course was given under the general direction of Miss Huilota Dykeman, director of public health nursing service, and was greatly enjoyed.

Florence Nightingale International Foundation Scholarship

A scholarship to the value of twelve hundred and fifty dollars ($1250.00) is offered by the Canadian Nurses Association to one of its members for the purpose of taking a graduate course, for the session of 1939-1940, at Bedford College in conjunction with the College of Nursing, London, England, under the auspices of the Florence Nightingale International Foundation. This scholarship provides for tuition fees and for living expenses at Florence Nightingale International House.

Courses are available to meet the needs of individual students who wish to qualify in the various nursing fields of teaching, administration and public health. The number of lecture subjects which any student shall carry shall be a minimum of four and a maximum of six.

Applicants must hold a matriculation standing recognised as entrance to a Canadian university. They must be graduates of approved schools of nursing and be registered in the Province in which they reside. They must have had at least two years of professional experience following graduation and have participated in some phase of nurses' organisation work. The age limit is forty-one (41) years.

Application blanks and calendars giving full information concerning the courses may be had on request from The Executive Secretary, Canadian Nurses Association, 1411 Crescent Street, Montreal, Que., to whom completed applications should be returned not later than January 15, 1939, together with the necessary forms and credentials.

The decision of the Scholarship Award Committee in the selection of the successful candidate will be announced in *The Canadian Nurse*.

Outline of International Courses for Nurses

Group A.

(1) **Public Health Nursing**; (2) **Family Case Work**; (3) Principles of Hospital and Training School Administration.

Group B.

(1) Personal Hygiene and Preventive Medicine; (2) Social Conditions and Social Administration; (3) General Psychology; (4) Applied Psychology; (5) Ethical Principals and Practical Problems; (6) Physiology.

Group C.

(1) A Comparative Study of Modern Industrial Problems; (2) Principles of Education and Methods of Teaching; (3) History of Nursing; (4) Eugenics; (5) Tuberculosis; (6) Nutrition; (7) Public Health Administration; (8) Maternity and Child Welfare; (9) Psychiatry.

Every student will be required to take at least four courses; of these one, and one only, must be selected from Group A, and one at least from Group B. Unless special permission is given students will not be allowed to undertake more than six courses.

The selection of subjects shall be made in consultation with the Director of Studies. The final decision shall rest with the Organisation Committee of Bedford College for Women.

In the case of students with exceptional academic or other qualifications special courses of study may be arranged, but only if application has been made and particulars have been supplied before coming to England.

STUDENT NURSES PAGE

THIS NIGHT LIFE

PHYLLIS VARLEY

School of Nursing, Royal Victoria Hospital, Montreal

It was her first night duty, a neurological ward. The evening rush was over, her senior nurse was at dinner and for the first time in her ten months of training, she was alone on a ward—"the nurse in charge". She sat straight at the desk, trying to feel as calm and efficient as she hoped she appeared.

A sudden cry startled her. It wouldn't be—surely it couldn't be—that one of the epileptic patients was having a seizure. Her thumping heart practically propelled her into the ward and to the bedside of a rigid flexed body. In a few minutes it was all over and she was at the desk again.

It had actually happened—she had been faced with an emergency. She had done what she had been taught and, wonder of wonders, it had worked! It was a little thing she knew, but she felt that this one achievement of her own meant more to her feeling of self-assurance than many hours of the day's routine could possibly have done.

And it was just a few nights later that a small boy was hit by a careening truck and brought unconscious to her ward, a skull laceration his souvenir of the contact with a sharp bumper. The suturing that followed, with all its set-up and instruments, was a revelation to the little nurse. She watched each step, her eyes fascinated—and she even dared ask the doctor a question or two!

For the ward at night is different. A small "blue cap" may ask questions and know that everyone is not too busy to try and answer them, to try and show her a few of the things she has been longing to know. As the nights passed in quick succession, each one brought its own experiences.

The day's routine had allowed no time or opportunity for such things. There had so often been that feeling that she was just a cog in the machinery with a certain amount of work to do in a certain length of time. At night there was a new perspective, a feeling of personal responsibility, of personal achievement. Working through the long, dark hours, with a very sick patient, produced a feeling of satisfaction—and almost of companionship—that she had never felt before. The spirit of nursing can more truly be felt at night.

There, were blunders, to be sure. Times when she whispered to herself, "Oh, if only I had known—if only someone had told me!" Then, too, there were disadvantages in this nocturnal life. Days of restless tossing on her bed were followed by busy, tiring nights. Appetite was an unknown quantity, and a stubborn cold absolutely refused to be cured. Social contacts were at a minimum or ceased to exist at all. But life itself is made of these ups and downs—so why not nursing?

There were times when the nurse felt that everything else faded into insignificance at the sight of the early morning sun behind the mountains, the pearly mist lifting over the river, the calm, clear air and the muted hush in the city below. Often she thought to herself—"To think that this happens every morning and so many people never know!"

The weeks passed—her first night duty would soon be behind her. There would be other sessions but she would face them with more confidence, a very small nurse whose head was rapidly being filled with the wisdom of experience.

NIGHT REPORT

PATRICIA BYRNES

School of Nursing, Royal Victoria Hospital, Montreal

"I could write a book about night duty", said the student with much emphasis, "and I would call it 'Night Duty', its joys and sorrows. I suspect the sorrows would come first, too". My book would begin with those special qualities a night nurse should have. She needs all the usual nursing virtues, but especially does she need common sense, presence of mind, and a well developed sense of responsibility.

The ward is hers for twelve hours, and the care and comfort of the patients depends upon her. Ambulance cases come in at the rush hour of bedtime. The neurotic becomes hysterical, the heart case insists on donning his long winter woollies, his bowler hat and shoes, and prepares to leave for parts unknown. She needs, too, the ability to organize her work, to select essential needs and put first things first.

The night nurse must be quick to note symptoms and report them, she must be always vigilant. And she must have a good old-fashioned conscience since there is no one to watch and warn that the quickest way of doing things is not always the best.

A chapter in my book would tell of opportunities of learning and serving. There are more of them on night duty. There are the few spare moments to study case histories and really learn something about the patient. The pneumonia patient and his important night care play a big part in the nurse's education. Will she ever forget the signs of a perforated gastric ulcer and its emergent treatment?

My book would give space to the joys of nursing. There are some. People and their peculiar ways are always fascinating. Daytime freedom means much to the night nurse, and lifting glimpses of sunrise and the new moon. She becomes almost friendly with the stars, meeting them in their accustomed place each night.

Patients are friendly, too, and grateful for night care. There seems to be a certain warmth of feeling between the night nurse and her charges. They depend upon her and trust her youth and inexperience in the most heart-warming way. What could be more satisfying after a hard struggle or a busy night than to hear a tired voice whisper. "I'm so much more comfortable now" or "Gee, nurse, you're swell".

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

It is deemed fitting in these *Notes* for the December issue, following a biennial meeting of the Canadian Nurses Association, to bring to the attention of the members of the Provincial Registered Nurses Associations (the units which in federation comprise the C.N.A.) the programme of activities for the current biennial period.

The business of the Association between biennial meetings becomes the responsibility of the Executive Committee. This Committee consists of the elected officers, the chairmen of the national section on private duty, nursing education and public health, the chairmen of each of the corresponding provincial sections, the presidents of the provincial associations and the immediate past president of the Association.

The major part of the programme of activities arises from decisions made at a biennial meeting. It is customary for the Executive Committee to delegate the study of projects to special committees. The personnel of these committees are selected by the Executive and whenever the policies of the provincial associations may be involved, each organization is invited to appoint a representative.

The special committees for 1938 to 1940, the year when first organized, together with their function and personnel, as can be announced on November 5th, are as follows:

Exchange of Nurses Committee (1932): To arrange for exchange of members of the C.N.A. with nursing organizations in English-speaking countries affiliated with the International Council of Nurses. Convener, Mabel K. Holt, Montreal; Grace M. Fairley, Vancouver; Catherine Lynch, Winnipeg; Jean E. Browne, Florence H. M. Emory, Toronto; Elizabeth L. Smellie, Ottawa; Marion Lindeburgh, Fanny Munroe, Marion Nash, and Jean S. Wilson (Secretary), Montreal.

Florence Nightingale Memorial Committee (1932): To collect funds for the Florence Nightingale International Foundation in support of the Scholarship and Endowment, as pledged by the C.N.A. in 1934, and reaffirmed in 1938 for an additional four-year period. Convener, Kathleen I. Sanderson, 1105 Park Drive, Vancouver; Gertrude Allyn (Alta.); Elizabeth Stoddart (B C.); Ruby Dickie (Man.); Edna Dickson (N.B.); Muriel Graham (N.S.); Agnes Neill (Ont.); Mae King (P.E.I.); Mabel K. Holt (Que.); Saskatchewan representative to be appointed.

Scholarship Award Committee (1934): To select, from among candidates who make application, a scholarship student for the courses offered by the Florence Nightingale Foundation. Convener, Marion Lindeburgh, School of Nursing, McGill University, Montreal; Grace M. Fairley and Kathleen I. Sanderson, Vancouver; Agnes Macleod, Edmonton; Sister Mary Peter, Antigonish.

Curriculum for Nurses-in-Training in Mental Hospitals Committee (1934): To assist in the outlining of courses for nurses, graduates and undergraduate, and the training of attendants in mental hospitals. This Commit-

tee was appointed in response to a request from the Canadian National Committee on Mental Hygiene. The personnel has remained the same since first formed: Convener, Nettie D. Fidler, 7 Queen's Park, Toronto; Marion Lindeburgh and E. Frances Upton, Montreal.

Mary Agnes Snively Memorial Committee (1934): To aid the Executive in the selection of nurses on whom the medal in memory of the founder of the C.N.A. is to be bestowed. Convener, Jean E. Browne, 621 Jarvis Street, Toronto; Elizabeth L. Smellie, Ottawa and Jean S. Wilson, Montreal.

Health Insurance and Nursing Service Committee (1934): To make a study of and to keep closely in touch with health insurance schemes; to have information available as may be required by the Association in the event of the adoption of a general plan of health insurance, federal or provincial. Convener, Margaret Kerr, Eburne. Other members not yet appointed.

Legislation Committee (1935): Advisory to the Executive Committee concerning legislation measures. The present Committee is studying a recommendation arising from the General Meeting 1938, namely; That the Canadian Nurses Association become incorporated. Convener, Mary Millman, 7 Queen's Park, Toronto; Edith MacP. Dickson, Jean I. Gunn, Jean E. Browne and Florence H. M. Emory, Toronto. Each of these four members is a past president of the C.N.A.

Community Nursing Service Bureaux Committee (1936): During 1936 to 1938 this Committee conferred with the Victorian Order of Nurses for Canada in respect to the establishing of community nursing service bureaux, following which a Joint Advisory Committee of these two national organizations was formed to further the promotion of an experiment in these bureaux. At the General Meeting in 1938, it was decided the C.N.A. Committee should be continued with the same personnel: Convener, Ruby M. Simpson, Regina; Jean I. Gunn, Edna Moore, Ethel Cryderman, Toronto; Gertrude Bennett, Jean Church, Ottawa; Margaret Fraser (Alta.); Mabel Gray (B.C.); Gertrude Hall (Man.); Margaret Murdoch (N.B.); Ellen Reid (N.S.); Marjorie Buck (Ont.); Beatrice Tweedy (P.E.I.); E. Frances Upton (Que.); Kathleen Ellis (Sask.)

National Committee on Education (1938): To stimulate interest and secure co-operation of all members of the C.N.A. in promoting sound standards of nursing education, and in the constant revision of such standards in order to meet the changing needs of nursing service in all fields. This Committee emerged from the Curriculum Committee of the Nursing Education Section. Convener, Marion Lindeburgh, School of Nursing, McGill University, Montreal; Agnes Macleod, Chairman, Nursing Education Section; Margaret Teulon, Chairman, Private Duty Section; Margaret Kerr, Chairman, Public Health Section.

Eight-Hour Duty for Nurses Committee (1938): To proceed with definite plans to secure an eight-hour duty period for student nurses and to take steps to implement and to bring into force an eight-hour day for graduate registered nurses. Convener, Kathleen Ellis, University of Saskatchewan, Saskatoon,—the members at large for this Committee and a representative from each of several provincial associations are not yet appointed—at present the provincial representation is: A. E. Pederson (Alta.); Mabel McMullin (N.B.); Gertrude Bennett (Ont.); Fanny Munroe (Que.)

History of Nursing Committee (1938): To study the question of the preparation of a History of Nursing in Canada. Convener, Mary Mathewson, School of Nursing, McGill University, Montreal; Jean E. Browne, Toronto and Jean S. Wilson, Montreal.

The Executive Committee has under consideration the appointment of a Committee, the function of which is to be a study of the development of the religious influence in the life of the nurse.

Gracious Acknowledgment

Dame Alicia Lloyd Still, President of the Florence Nightingale International Foundation, graciously expresses appreciation of the renewed pledge of support to the Foundation by the Canadian Nurses Association in the following letter to the Executive Secretary:

At its meeting on October 17th last, the Committee of Management heard of the renewed promise of the Canadian Nurses Association to maintain their financial support of the Foundation. The generous help which the Canadian nurses have given over the last five years has been greatly appreciated by my Committee. This steady contribution has given very real encouragement at a time when the financial situation is far from easy.

Let us hope that during the course of the next four years the Foundation will be able to secure some endowment which will ensure an income for administrative expenses and so leave the Committees free to concentrate on their scholarships.

I hope you will convey to the Canadian Nurses Association the very grateful thanks of the Foundation for the splendid work which they are doing to promote the Florence Nightingale Memorial.

Nightingale Memorial Fund

Donations to the Florence Nightingale Memorial Fund have been received from:

Ontario

District 9, Registered Nurses Association of Ontario	$10.00

Saskatchewan

A.A., Grey Nuns' Hospital, Regina	5.00

Season's Greetings

The staff at National Office send the Season's Greetings to all members of the Canadian Nurses Association.

FIFTY YEARS OF SERVICE

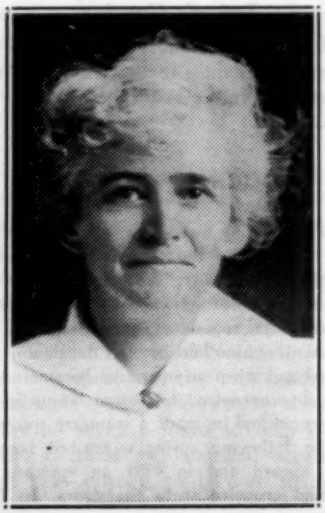
It was in September, 1888 that four nuns arrived in Campbellton, New Brunswick, from the Hôtel Dieu de St. Joseph, in Montreal. Within a few days they were joined by two more Sisters from Chatham and thus was founded a school which was destined to include a hospital. From this humble beginning has grown the Hôtel Dieu in Campbellton, which to-day is one of the best known institutions of its kind in the Maritimes. From a vivid history written by one of the Sisters, we quote some interesting highlights. The first patient was brought to the Sisters by the parish priest in December, 1888, suffering from severe frostbite and exposure to the bitter weather. There was really no room in the school for him but he was hospitably received and when an operation became necessary an improvized table was set up in the classroom and he made a complete recovery.

The following spring a ten-bed hospital was opened and in 1891 an epidemic of typhoid crowded it to the doors. In 1909

the dream of the Sisters was realized and a well-equipped four-storey building was opened, but in 1910 came the dreadful fire which destroyed the whole town. The patients were removed to Dalhousie and in the late evening the Sisters had to leave their hospital to its fate. The next day, with breaking hearts, they found that nothing was left but a heap of ashes. The little Community was destitute except for a tiny house on their property which had never been used and was nothing but a shell. However, it served as a shelter from the wind and the rain and, after the breadline in the town was established, the Sisters received rations and carried on as best they could. Shacks were built which served as kitchen and laundry. The military authorities provided tents and the Sisters were able to cope with the epidemic of typhoid which broke out as a natural result of the fire. By November, a temporary hospital was ready for occupancy and served its purpose well until the autumn of 1918, when once more fire broke out and burned it to the ground. No lives were lost but the problem of finding a building suitable for emergency use was a serious one. Finally the Sisters took over the old Intercolonial Hotel which was standing vacant. There is a legend that former habitués of the Hotel used to experience a distinct shock when they found Sisters in charge of their ancient haunt.

In the meantime, a bigger and better Hôtel Dieu was rising and in 1920 the present fine building was formally opened. To-day it is the pride of the city of Campbellton and a credit to the members of the Community who, after such trials and tribulations, have brought it to its present state of excellence. Under the able direction of the Reverend Mother Audet and Sister Kerr, the Hospital and its School of Nursing will go forward with confidence toward the distant century mark. Tried, as by fire, they rejoice in their Anniversary.

RETIRING FROM SERVICE



After a lifelong service in various administrative capacities, Miss Elizabeth MacWilliams, Reg. N., superintendent of the Oshawa General Hospital, has tendered her resignation.

Recognition of her great work was accorded by presentations and addresses from various hospital organizations, paying tribute to her accomplishments. She will be remembered as a capable superintendent, and a woman endowed with great personal charm. Because of her dignified reserve and her honesty of purpose, she enjoyed the confidence and co-operation of a large professional staff and the Board of Trustees, as well as many institutions closely allied with her work in the Hospital.

Miss MacWilliams intends making her home in London, Ontario.

A FAVOURABLE PROGNOSIS

SISTER M. STANISLAUS

President, Registered Nurses Association of Prince Edward Island

In accordance with the plans previously announced in *The Canadian Nurse*, a two-day Refresher Course was recently held in Charlottetown and the fading splendours of the autumnal day were an effective contrast to the rejuvenating atmosphere of the sessions. The course was given under the auspices of the Registered Nurses Association of Prince Edward Island. The committee on arrangements included in its membership, Miss Anne Mair, Miss Mona Wilson, Miss Ina Gillan and the President of the Association. The Cundall Home, residence of the pupil nurses of the Prince Edward Island Hospital, gave spacious accommodation for the meetings and the matron, Mrs. Miller, won the gratitude of those in attendance by many gracious services.

Symptoms that indicated the success of the event included the large registration. Ninety graduate nurses were in constant attendance. Close attention was given to the various addresses and interest was shown in the reference material. Perhaps the most definite symptom was the fact that groups of nurses were overheard discussing the possibilities of the *next* refresher course.

Did some educational psychologist point out to those planning the course that a good way to clear rust from the neural pathways is to break down resistance at the synapses, before beginning professional topics? Be that as it may, Lieut. T. L. Lowther, B.A., Principal of Prince Street School, convincingly outlined the benefits of liberal education in enriching life and, in her address on "Some values of education in a nurse's life", Sister F. Loyola showed the interaction and correlation of professional and general education and emphasized that progress in both fields would promote for the nurse the most complete delight and satisfaction in living as well as efficiency in her profession.

Enhanced by the visual aid of charts, pictures, model cubicle etc., instructive lectures on the nursing of communicable diseases

Some of the nurses who attended the course

were given by Miss Katharine MacLennan, instructress at the Royal Alexandra Hospital, Montreal, with which many schools of nursing are affiliated for courses in the nursing of communicable diseases. Nurses doing private duty in Prince Edward Island have more occasion to meet with such diseases than they had in student days since no hospital in the Province has a department for communicable diseases. The nurses found their textbook theory returning to them with a new comprehension, and the knowledge of techniques which Miss MacLennan was able to give them was more permanently fixed in their memories by the spoken word than it could have been by many hours of reading, valuable adjunct as it is in continuing education. The pupil nurses from the Charlottetown hospitals attended these lectures with great profit.

The importance of immunization was brought home not only by these lectures but also very impressively by the results of the work in Prince Edward Island as explained by Miss Mona Wilson of the Department of Public Health. One of the doctors, in the course of his address, bore testimony to its efficacy when he said he had had little experience in dealing with diph-

theria. Each nurse was made to feel she could have a share in the good work of the Department of Public Health by exercising her influence wisely in educating the public.

Members of the Provincial Association also contributed to the programme. Demonstrations of medical aseptic technique applied to home environment were given by Miss Ruth Ross and Miss Jean Thomson. A symposium on obstetrics was presented by Misses Mary Reid, Helen Solomon and Katherine McCloskey. These topics were treated very practically and satisfactorily. The work in preparing such demonstrations, symposiums and addresses is always considerable, but the nurses given such assignments are always repaid by the educative value to themselves and, judging by the groups attending the Refresher Course, they may feel assured of an attentive audience.

Budgeting food values on a limited income was discussed by Miss Marjorie White, who brought before the minds of the nurses one of the newer means of maintaining positive health, namely the science of nourishing the body properly. She also enlightened them concerning ways of educating the public.

The Refresher Course Committee who expended much thought and time in planning the programme does feel that the "symptoms" indicate a successful "course" and they hope the final "diagnosis" will be confirmed. It certainly will be, if the nurses maintain the spirit of inquiry and the desire for new knowledge which was engendered. Then will the Association meetings assume a new aspect and future courses be arranged with confidence!

VICTORIAN ORDER OF NURSES

Miss Gilberte Patry has resigned from the Cornwall Branch to take a position with the Metropolitan Life Insurance Company.

Miss Frederica Johanneson has resigned from the Saskatoon Branch and is on leave of absence. Miss Mona Bounds, a recent graduate of the University of Alberta, has been appointed to fill the vacancy.

Miss Annie J. Anderson, who has been in the East York Branch for five years, resigned in August and has returned to Scotland.

Miss Okal Mather has resigned from the Huntsville Branch to be married. Miss Christine MacArthur was transferred from Fredericton to take charge of the Branch.

Miss Lettie Turner has resigned from the Dartmouth Branch. Miss Katherine Macneil resigned from the Halifax Branch. Both these nurses have accepted positions with the Cape Breton Health Unit.

Miss Margaret Perley, who recently resigned from the York Township Branch, has accepted a position with the Provincial Department of Health in Manitoba.

Miss Marjorie Mark, a recent graduate of the University of Toronto, has been appointed to the Border Cities staff.

Miss Flora Macdonald, who has been on leave of absence, has been appointed temporarily to the Vancouver staff.

Miss Margaret Inness, who has been on leave of absence, has accepted a position on the Halifax staff.

Miss Jennie Hocking has been transferred from Hamilton to Toronto.

Miss Helene Sneddon has been transferred from Montreal to Hamilton.

Miss Edith Railton has been transferred from the York Township to the Fredericton staff.

Miss Lois Black and Miss L. Madeline McDonald (graduates of the University of Western Ontario) have been appointed to York Township staff.

Miss Anne Sabiston and Miss Ruth Kester have resigned from the London staff to be married.

HOSPITAL ADMINISTRATION

The School of Nursing of the University of Toronto is planning a refresher course for registered nurses who are interested in hospital administration. This course will be given December 5, to 10 inclusive, in the School of Nursing, University of Toronto and will consist of lectures and discussions. No credits will be given for this work, nor will any certificate be awarded. The fee will be $7.00.

The course will include lectures, demonstrations and round tables on various aspects of hospital administration, as follows:

Organization: Fundamentals; government regulations; medico-legal aspects; organization and management of the smaller hospital.

Finance: Support and control; accounting methods; purchasing and stores.

Physical plant and departmental administration: Maintenance; food service; central supply room; medical records.

Hospital relationships: Hospital personnel; medical organization and relationships; public relations.

This content will be illustrated by visits to hospitals.

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Session 1938-39

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Supervisor,

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In spite of his innate savagery . . . man still cherishes . . . a pathetic desire . . . to be friendly with his kind . . . There are times and seasons . . . in every country in the world . . . when he stops fighting . . . for a little while . . . and offers a traditional greeting . . . such as "Merry Christmas" . . . to friend and enemy alike . . . In some lands . . . a whole ritual has grown up . . . even around the relatively simple process . . . of saying good morning . . . and daily tribute must be paid . . . to the prevailing "ideology" . . . by making the required symbolic gesture . . . The Nazis hold the arm high . . . the palm open . . . The Communists say the same thing . . . in a different way . . . with them, the fist is clenched . . . We never see Mussolini in the news reel . . . without thinking of the first time . . . we ever saw a Fascist salute . . . We were visiting the tuberculosis ward . . . of a great hospital in Venice . . . and the superintendent came in . . . He was greeted by a wavering line . . . of thin wasted arms . . . lifted toward him . . . in a gesture . . . as old as Rome itself . . . "We, about to die, salute thee, Caesar" . . . After all these political subtleties . . . it is rather a relief . . . to turn to simpler things . . . prizefighters touching gloves before the bell rings . . . the beaten football team cheering the victors . . . the airplane banking its silver wings . . . the tall ship dipping her colours . . . the downward sweep of the arm . . . given by railway men . . . as trains pass one another . . . Different in expression . . . they are alike in essence . . . Pride is in them . . . and humility too . . . confidence in one's own powers . . . and respect for those of others . . . Deeper than all else . . . a tacit confession . . . of the loneliness of the human spirit . . . and of its need for understanding and sympathy . . . It is said . . . that for women in Germany . . . the Nazi salute is soon to be modified . . . The right arm . . . will be laid upon the breast . . . and the head bowed above it . . . The symbolism is evident . . . submissiveness, humility, tenderness . . . the desire to protect and to foster . . . Whatever the feminists may think about it . . . the gesture has a beauty and significance all its own . . . but it is not new . . . it is older than Hitler . . . older even than Germany herself . . . Many centuries ago . . . three Kings . . . came to seek a Mother and her Child . . . and when they found the place . . . where the young child was . . . his Mother greeted them . . . in the selfsame way . . . Arched above them . . . like a royal canopy . . . was the deep blue of the Oriental night . . . and in the East . . . a great Star was shining . . . E. J.

NEWS NOTES

BRITISH COLUMBIA

VANCOUVER:

The generous number of British Columbia nurses elected to the executive of the Canadian Nurses Association has necessitated the following changes in the Executive of the Provincial Association: President, Miss M. Duffield; convener of private duty section, Miss K. Ethel Gray; convener of public health section, Miss Mary Henderson; convener of the Florence Nightingale Memorial Committee, Miss Elizabeth Stoddart.

The Registered Nurses Association of British Columbia, in an effort to be of greater professional value to nurses in outlying districts, has completed plans for an educational tour of the Province. Miss Kathleen Sanderson and Mrs. Callum Thompson compose the personnel of the tour and are visiting various centres where groups of nurses may be brought together for lectures and demonstrations of new treatments and equipment.

Among topics of interest to the nursing profession, under discussion at the recent annual meeting of the British Columbia Hospitals Association was the question of the eight-hour day for hospital nurses.

KAMLOOPS:

Miss Esther Paulson, Provincial Welfare Department Inspector, has been transferred from Cranbrook District to Kamloops, to succeed Miss Gertrude Evans, who will take a position in Victoria with the Department of Welfare.

The following changes have occurred on the staff of the Royal Inland Hospital, Kamloops: Miss Gladys Sibley, who took a post-graduate course in surgery in New York this year, has resigned as night supervisor to take a position in Trail-Tadanac Hospital in charge of the operating-room, and has been succeeded by Miss Winnifred Marshall, formerly matron of Summerland Hospital. Miss Ethel Rolston has resigned to accept a position as instructress in Holy Cross Hospital, Calgary, Alberta.

Married: On October 13, 1938, Miss Ruby W. Sturgeon (Royal Inland Hospital, Kamloops) to Mr. John Jamieson.

Married: On October 6, 1938, Miss Lalia B. Reid (Brockton Hospital, Massachusetts) to Mr. Gerald North.

Married: On October 13, 1938, in Hongkong, China, Miss Isobel Martha Henderson (Vancouver General Hospital and University of British Columbia) to Mr. Donald Scott.

Married: On October 15, 1938, Miss Dorothy Mary Bird (Royal Jubilee Hospital, Victoria) to Mr. Edgar E. Kelley.

Married: On October 19, 1938, Miss Jane Thompson Potts to Mr. Lew Wallace Layhew.

NELSON:

At the annual meeting of Nelson Registered Nurses Association Miss Ethel Smith gave a very interesting resumé of the activities of the Association during the past year. Among these was the purchase of a Kodascope which was presented to the Hospital. The Association is also interested in the health insurance measures which are being considered by the Province of British Columbia.

At a recent regular meeting of the Association, money was voted for the establishment of a book-case and some new reference books to be placed in the Nurses Home and made available to all members of the Association. The library is to be organized to conform with the basic book list as issued by the National League of Nursing Education. A donation of $10.00 was made by the Association to the Kootenay Infantile Paralysis Committee towards the purchase of an "iron lung" for this district. Interesting films, relating to cancer, were shown by Dr. F. M. Auld, chairman of the Cancer Committee, and Dr. F. P. Sparks. Members of the Hospital Board, and members of the medical and the dental profession were invited to be present. A social hour followed.

MANITOBA

BRANDON:

The Brandon Graduate Nurses Association held a monthly meeting recently with forty-two members present. The "downtown group" was in charge of the programme, the guest speaker being Dr. H. Meltzer, superintendent of Ninette Sanitarium, who gave an enlightening talk on chest surgery and recent procedures in treatment of tuberculosis. Miss McCormick thanked the speaker. A business session followed, at which Miss V. Vance presided. The members decided to give a donation to the Czechoslovakia relief fund. A social hour concluded the evening.

Married: On October 22, Miss Helen B. Morrison (Brandon General Hospital staff) to Mr. Leo Lewis.

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NEW BRUNSWICK

SAINT JOHN:

The Saint John Local Chapter of the N.B.A.R.N. recently held its regular monthly meeting with the president, Miss Margaret Murdoch in the chair. Following the business meeting Dr. D. F. W. Porter gave an illustrated lecture on the diseases of children.

Saint John General Hospital:

The Saint John General Hospital Alumnae Association held the first meeting of the season in the Nurses Residence with the president, Mrs. A. L. Donovan in the chair. Following the business meeting Dr. W. McIntosh gave an interesting lecture.

Married: Recently, Miss Irene Victoria Wallace (S.J.G.H., 1936) to Mr. Henry Barnes.

Married: Recently, Miss Janet Armstrong Brown (S.J.G.H., 1935) to Mr. Ronald O'Breen.

Married: Recently, Miss Florence Mary Egan (St. Joseph's Hospital, 1935) to Mr. Thomas Michael Howard.

Married: Recently, Miss Mabel Beacone (S.J.G.H., 1929) to Mr. Frederick Thorne.

NOVA SCOTIA

HALIFAX:

Halifax Infirmary:

The Alumnae Association has arranged for a series of lectures, on various subjects, to be given through the winter months. It is hoped in this way to stimulate interest in the meetings, and also to aid in keeping the nurses posted on new developments in the nursing world. At a recent meeting Sister Frances de Paul, pharmacist at the Infirmary, gave a delightful talk on some of the **new drugs.** Special attention was paid to their uses, doses, and after-affects. At another meeting, Dr. Walter Muir, one of the leading anaesthetists in the city of Halifax, gave a lecture on anaesthetics and their after-effects. He began with the earliest use of ether and chloroform and led up to the newer gases and forms of local anaesthetics. Both meetings were well attended and the lectures proved both enjoyable and instructive.

Victoria General Hospital:

Miss Maisie K. Miller has recently been appointed assistant superintendent of nurses at the Victoria General Hospital. A more extended notice of this appointment appears elsewhere in this *Journal*.

Miss Alma Power has returned to the V.G.H. after taking a post-graduate hospital course in operating room technique at St. Michael's Hospital, Toronto, and will take charge of the operating room of the Private Patient's Pavilion. Miss Christine MacDonald has been appointed supervisor of a male's surgical ward. Miss Adelaide Gervais has been appointed assistant supervisor of the operating room. Mrs. Evelyn Pyle has been appointed night supervisor of the Private Patient's Pavilion.

NEW GLASGOW:

The Pictou County Branch of the Registered Nurses Association recently held their annual dinner in New Glasgow, twenty-two members being present. The guests were Dr. and Mrs. R. M. Benvie of Stellarton, and Miss Blanche Reid, president of the Branch, was Mistress of Ceremonies. Dr. Benvie was the after-dinner speaker and summarized a most interesting book by Harrison Foreman. The talk was followed by a sing song, Miss Jean Murray at the piano. Mrs. Benvie was presented with a beautiful bouquet of red roses. This was the first meeting of the organization this Fall and an interesting series of monthly meetings is forecast for the winter season.

Miss Winnifred Cooke has come to New Glasgow from Montreal to take over the position of instructress of nurses at the Aberdeen Hospital.

ONTARIO

District 1

SARNIA:

The fall meeting of District 1, R.N.A.O. was held at the General Hospital, Sarnia, on October 22, with the Chairman, Miss Doris Shaw, presiding. Rev. Father F. McManus gave the Invocation. Rev. James Milroy gave a short address in which he stressed the need for closer co-operation between medical and ministerial groups in the care of the sick. His Worship, Mayor Pelling, extended a welcome and Dr. W. G. Gray brought greetings from the Medical Staff. Miss Mabel Hoy gave a most interesting report of the Biennial Meeting of the Canadian Nurses Association, which was enjoyed by all present. A most instructive address was given by Dr. C. M. Carruthers on the care of the surgical patient. Mrs. Van Alstyne favoured the members with two delightful solos. The members of the Executive were entertained at luncheon by the Hospital staff. Following the meeting the visiting nurses were entertained at tea by the General Hospital Alumnae Association.

District 5

TORONTO:

Toronto Western Hospital:

A very successful and novel fashion revue and autumn tea was held recently under the auspices of the Alumnae Association of the School of Nursing of the Toronto Western Hospital. The solarium of the Pavilion, tastefully decorated with palms and autumn flowers, where several hundred guests were welcomed by Miss Beatrice Ellis, Miss G. Rowan and Miss G. Sharpe, proved an ideal setting for the very clever display of coiffures, cosmetics, and modelling of gowns, hats and furs arranged by well known firms in the city. Piano solos were rendered by Mr. E. G. Macgregor and Mrs. Geo. Coyles sang delightfully accompanied by Mrs. Garnet Bell. Miss G. Sharpe, president of the Alumnae Association thanked all those who had so graciously provided for the varied displays. Immediately following the revue, a delightful tea was served in the Edith Cavell Residence presided over by Mrs. Chant and Mrs. Boodway. Here were found booths for the sale of homemade candy and other dainties successfully arranged by members of the Alumnae.

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The regular monthly meeting of the Alumnae Association was held on Nov. 7. Miss G. Sharpe ably occupied the chair and introduced the speaker of the evening, Mrs. Halpenny, president of the Brown Home and School Association. The new Ontario Public School curriculum, which was the subject of her address, proved of real interest and was very capably arranged and delivered.

TORONTO:

Miss Belva I. Finlay (C.P.H.N., U. of W.O.), recently a member of the staff of the Victorian Order of Nurses at Brockville, is taking the instructors and supervisory hospital staff Nurse Course at the School of Nursing of University of Toronto. Miss Finlay is a graduate of the School of Nursing of the Victoria Hospital, London, Ontario.

DISTRICT 6

BELLEVILLE:

Miss Ruth Thompson (University of Alberta Hospital, 1930) has been appointed Director of Nursing at the Belleville General Hospital and Miss Muriel Thompson (Winnipeg General Hospital, 1935) has been appointed instructress. The Alumnae Association recently held a social evening in their honour, when nearly fifty nurses welcomed the Misses Thompson to Belleville.

At a recent meeting of the Association, Miss Hilda Collier, operating room supervisor, gave a talk on her trip to England and the Continent. Miss Collier gave a vivid description of the various countries and showed her extensive collection of souvenirs.

The Alumnae Association of the Belleville General Hospital has already raised $250.00 in aid of the Pediatric Ward in memory of the late Dr. Emma Connor and a concert is being planned for the same purpose.

Miss Jennie Ives (B.G.H., 1936) is taking a course in hospital administration at Toronto University.

Married: Recently, Miss Josephine Sampson (Belleville General Hospital, 1933) to Mr. Harry Knox.

PETERBOROUGH:

The annual meeting of District 6, R.N. A.O., was held recently at the Nicholls Hospital, Miss E. Young presiding. Following the routine business and election of officers for the coming year, Mr. A. T. Kennedy,

editor of the Peterborough Examiner, who had spent four years in Prague, gave a most interesting address on Czechoslovakia. Following the meeting refreshments were served by Chapter C.

Miss E. Everson (Nicholls Hospital, 1936) has recently been appointed supervisor of the private medical department. Miss M. Pickens (Nicholls Hospital, 1934) has been appointed supervisor of the public medical department.

Married: Recently, Miss Phyllis Lunn (Nicholls Hospital) to Mr. G. Janeway.

Married: Recently, Miss Margaret Beavis (Nicholls Hospital) to Mr. H. Jones.

Married: Recently, Miss E. Larsen (Nicholls Hospital) to Mr. J. Thornton.

Married: Recently, Miss M. Watson (Nicholls Hospital) to Mr. H. Hill.

District 7

KINGSTON:

The staff nurses of the Ontario Hospital recently held a tea in honour of Miss Marion Lenoir, who has resigned her position to be married. The guest of honour was presented with a beautiful Kenwood blanket.

Miss Marion Koen (O.H., 1934) has recently been appointed to the nursing staff of the Ontario Hospital, Kingston. Miss Goldia Hughes has recently accepted a position in Cornwall.

District 8

OTTAWA:

Miss Myrtle McElroy (O.C.H., 1928) has gone to New York where she is doing general duty at the Hospital of the Rockefeller Institute.

Miss Phyllis Henderson (O.C.H., 1937) and Miss Alma Payne (O.C.H., 1938) are doing general duty at the Ontario Hospital, Brockville.

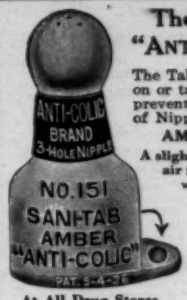
Married: Recently, Miss Jean Blyth (L.S. Inst.) to Mr. Frank Low.

Married: Recently, Miss Mary Ellen Derraugh (O.C.H., 1931) to Mr. Cecil Charles Storr.

District 9

SAULT STE. MARIE:

Miss Rossie M. Densmore announces that the councillors elected by District 9, R.N.A.O. are as follows: Miss Claire Douglas,



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QUEBEC

MONTREAL:

Montreal General Hospital:

Miss Bernice Underhill (M.G.H., 1932) has recently been appointed to the position of instructor at the King Edward VII Memorial Hospital, Bermuda.

Miss Catherine McKim (M.G.H., 1933) is at Compton where she has accepted a position as School Nurse at King's Hall.

The following nurses are attending the School of Nursing, McGill University: Miss C. R. Aitkenhead, (1931); Miss A. H. R. Lamb (1933), who holds the Alumnae Scholarship; Miss R. M. Myers, (1936); Miss E. Weston (1936), who holds a Mildred Hope Forbes Scholarship; Miss D. Cotton, (1936) who holds a Mildred Hope Forbes Scholarship; Miss M. Van Scoyoc (1936), who holds a Mildred Hope Forbes Scholarship; Miss P. Whitton, 1938).

Married: On October 21, 1938, Miss Grace H. MacConachie (M.G.H., 1923) to Mr. J. H. Stovel.

Married: On October 22, 1938, Miss Caroline R. Sandford (M.G.H., 1935) to Mr. D. Grier Findlay.

Married: On October 20, 1938, Miss Dorothy M. Driffield (M.G.H., 1927) to Mr. H. R. Bishop.

QUEBEC CITY:

Jeffery Hale's Hospital:

At the opening meeting of the Alumnae Association, Miss Mackenzie gave a very interesting report of the Biennial Meeting of the C.N.A.

Miss E. F. Upton, Registrar, A.R.N.P.Q., was recently a guest of Jeffery Hale's Hospital.

Mrs. McGowan (L. Weatherbie, J.H.H., 1929) of Prince Edward Island, recently visited the Hospital and her old acquaintances.

A bridge club has been formed by some of the J.H.H. Graduates, the proceeds to be given to the Sick Nurses' Fund.

Married: Recently, Miss Matilda Lemesurier (J.H.H., 1932) to Mr. J. A. Mattinson.

SASKATCHEWAN

YORKTON:

On October 12, a well attended meeting of about fifty nurses of the Yorkton Queen Victoria Hospital Alumnae Association took place in the Nurses' Residence when Miss K. W. Ellis, Registrar for the Saskatchewan Registered Nurses Association, and Adviser for the Province, was the guest speaker. Miss Ellis spoke on the trends in modern training for nursing, and the part an Alumnae Association plays in the hospital and in the education of the nurse.

The neighbours searched their gardens for choice flowers to contribute a colourful and gay decoration for the reception room at the tea hour. The wives of the Board of Directors of the Hospital and the wives of the Medical Staff presided in the tea room, the Executive of the Alumnae acting as hostesses. Receiving the guests were Miss A. Cleaver, superintendent, Mrs. J. F. Irving, and Miss V. Widdicombe, president of the Alumnae Association. The silver collection will be used for the purpose of furthering nurse education.

Official Directory

International Council of Nurses
Executive Secretary, Miss Anna Schwarzenberg, 51 Palace Street, London, S.W.1., England

CANADIAN NURSES ASSOCIATION

Officers

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Honourary Treasurer ..... Miss A. J. MacMaster, Moncton Hospital, Moncton, N. B.

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Numerals preceding names indicate office held, viz: (1) *President, Provincial Nurses Association;* (2) *Chairman, Nursing Education Section;* (3) *Chairman, Public Health Section;* (4) *Chairman, Private Duty Section.*

Alberta: (1) Miss Kate S. Brighty, Administrative Building, Edmonton; (2) Miss J. Davidson, Royal Alexandra Hospital, Edmonton; (3) Miss M. Staley, 18 Arlington Apts., Edmonton; (4) Mrs. M. Tobin, 385-4th St., Medicine Hat.

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New Brunswick: (1) Mrs. G. E. van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hotel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Myrtle E. Kay, 21 Austin St., Moncton.

Nova Scotia: (1) Mrs. Hope Mack, Nova Scotia Sanitorium, Kentville; (2) Sister Camillus of Lellis, Halifax Infirmary, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Irene Smith, 74 South Park Street, Halifax.

Ontario: (1) Miss C. I. Brewster, General Hospital, Hamilton; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Hoy, 27 Giles Blvd., Windsor; (4) Miss Madalene Baker, 249 Victoria St., London.

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Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

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BRITISH COLUMBIA

Nelson Registered Nurses Association

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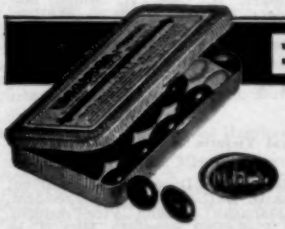

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